

Owner _____ Pet Name _____ Date _____

As owner, or duly authorized agent of the owner, of the above named animal, I hereby consent and authorize the clinic to perform the following procedure: _____ .

We understand that during the performance of the foregoing procedure or surgery, unforeseen conditions may be revealed that necessitate an extension of the procedure or surgery, or of different procedures or surgeries than those set forth above. Therefore, I hereby consent to and authorize the performance of procedures or surgeries, as deemed necessary by the veterinarian.

Any patient found infested with external parasites will be treated accordingly at your expense. This is for the safety of your own pet and others at our facility. (+/- \$20.00)

Annual Health Needs or Requirements for Admission:

DHP-P _____ Bordetella _____ Rabies _____ FVRCP _____ FeLV _____

The above vaccinations protect your pet against airborne/contact respiratory and intestinal diseases.

These vaccinations are recommended by this clinic.

Yes, I want my pet to receive the above checked vaccinations.

No, I decline vaccinations at this time.

I would like the doctor to use his/her discretion on vaccinations.

At Deckerville Veterinary Clinic, we take every precaution to reduce the risks involved with anesthesia and surgery. All patients are weighed and given a physical examination. In addition, because most anesthetics/sedatives are metabolized by the liver and excreted by the kidneys, we highly recommend a pre-anesthetic blood profile. These tests evaluate your pet's liver and kidney function. All animals over seven years of age are required to have a CBC and Pre-Anesthetic panel to reduce risks in the geriatric pet. If your pet has not had a pre-surgical blood panel prior to today, we can perform various panels in our lab and results are available in minutes. We will call you if we deem that your pet should not undergo anesthesia. The following "in-house" diagnostic tests are available:

Yes, I would like a pre-anesthetic panel including a CBC and 6 tests for kidney and liver function and a blood glucose. Recommended for pets under the age of 5. (\$54.00)

Yes, I would like the more comprehensive general health panel which includes a CBC and 12 blood chemistry tests. Recommended for pets over the age of 5. (\$75.00)

Heartworm Testing Urinalysis FeLV/FIV Testing Fecal Exam Other

I would like the doctor to use his/her discretion for this choice.

No, I decline blood work and /or diagnosis.

IV Catheter

Having an IV catheter placed in your pet before anesthesia offers a direct route to the bloodstream. There are two benefits to this: First, it greatly reduces the stress involved in injecting the anesthetic agent and secondly, it allows us to run fluids intravenously during anesthesia. By running fluids we can help reduce the stress on the heart and kidneys, assist in maintaining the animal's temperature and hydration, and reduce the time it takes for your pet to fully recover from the anesthesia. The additional cost is \$30.00.

Yes, I want my pet to have an IV catheter and fluids during surgery.

No, I decline an IV catheter and fluids for my pet.

I would like the doctor to use his/her discretion for this choice.

I decline IV fluids.

Micro chipping

We offer Home Again Microchip Identification system. Micro chipping is a safe and easy way to help in the recovery of your lost pet. If you desire, we can place the microchip while your pet is under anesthesia. The cost of this is \$10.00 plus a onetime registration fee of \$24.95.

Yes, I would like the Home Again Microchip Identification System.

No, I decline the Microchip.

Our office is to use all reasonable precautions against injury, escape, or demise of your pet. I understand that I am assuming all risks involved in care and treatment for this animal. I understand that a medical condition may exist which would be impossible to identify during a physical exam alone. I consent to administration of anesthesia as deemed necessary by the doctor. I acknowledge that risks and the possibility of complications exist in any surgical or medical treatment.

You will be charged a per day boarding fee for animals not picked up on the specified release date. Abandonment does not relieve me from responsibility of payment for services rendered, including the cost of boarding. An estimate of anticipated fees has or will be given to me on request. A deposit maybe required upon admittance to the clinic. All charges shall be paid in full upon release.

I plan to make payment in the form of cash_____ check_____ or credit card_____.

SIGNATURE: _____ DATE: _____

PHONE # FOR TODAY: _____ EMERGENCY PHONE #: _____